Local Health Department Efforts to Implement & Promote Extragenital Testing

Introduction

Across the U.S., rates of STIs are on the rise. Not only are many STIs asymptomatic and undetected, but traditional urine-based screening often fails to identify STIs in extragenital sites (e.g., urethra, vagina, pharynx, rectum) where many cases occur. Many providers are unaware of the importance of extragenital testing and others face barriers to utilizing it.

Local health departments (LHDs) are on the frontlines, responding to the STI epidemic by assuring access to testing and treatment and promoting best practices at the local level. To assess LHD efforts to implement and promote extragenital testing, NACCHO queried a convenience sample consisting of its HIV, STI, and Viral Hepatitis Sentinel Network. The Sentinel Network is comprised of 130 LHD staff working in HIV, STI, and viral hepatitis programs in more than 40 states across the country. The survey, conducted in February 2020, was completed by 83 Sentinel Network members for a response rate of 64%.

Snapshot

Most Sentinel Network members reported offering extragenital testing. However, LHDs have different protocols regarding which patients receive extragenital testing.

- More than 2/3 offer testing based on patients’ reported sites of exposure
- Nearly 1/4 offer testing by population
- Nearly 1/4 offer testing to all STI patients

Availability of Extragenital Testing at LHDs

Funding Sources for Extragenital Testing

- State/local funding: 86%
- Collect fee-for-service: 46%
- Bill third-party payers: 45%
- Unsure: 6%
Extragenital Testing Promotion Efforts

Nearly half (46%) of respondents promote extragenital testing among providers in the community, 40% do not promote, and 14% were unsure of promotional efforts. LHDs shared a variety of strategies they’ve used to promote extragenital testing among providers in their communities. Common approaches include conducting **provider education sessions** and **public health detailing**, and sending out **newsletters and educational materials**. Other promising strategies including offering **continuing medical education** credits to incentivize provider participation, **providing funding to local clinics** to create protocols and train providers, and **distributing STI testing kits** to providers and the public.

Barriers and Needs

LHDs that offer extragenital testing reported needing the following to scale-up extragenital testing:

- Funding (42%)
- Nothing — already scaled up (41%)
- Increased staff leadership/knowledge of the importance of extragenital testing (22%)

LHDs that do not offer extragenital testing reported the following as reasons:

- Don’t offer any STI testing (54%)
- Lack of funding (38%)
- Other reasons (31%)

LHDs indicated that the following factors would enable them to start offering extragenital testing:

- Funding (54%)
- Other (38%)
- Updated screening or sexual history-taking protocols (31%)
- Increased staff leadership/knowledge of the importance of extragenital testing (31%)